

DLA PIPER US LLP
2000 University Avenue
East Palo Alto, California 94303-2248
O 650.833.2258
F 650.833.2001
W www.dlapiper.com

FAX TRANSMISSION COVER SHEET**To: M/S: ISSUE FEE****Telephone:****February 16, 2007****Fax Number:**

**Centralized Facsimile Number
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Alexandria, VA 22313-1450**

571-273-2885

**From: Andrew B. Schwaab
Reg. No. 38,611
Tel: 650-833-2258**

**Attorney-Docket
Number:**

351913-992231

**Re: U.S. Patent Application No. 10/764,381
Filed: January 22, 2004
Applicant/Inventor(s): Hieu Van Tran
Entitled: WIDE DYNAMIC RANGE AND HIGH SPEED VOLTAGE MODE
SENSING FOR A MULTILEVEL DIGITAL NON-VOLATILE MEMORY**

Pages: 4 - (including this form) Originals: will not follow

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1. Transmittal Form (PTO/SB/21) (1 pg);
2. Part B - Issue Fee Transmittal (1 pg);
3. Fee Transmittal FY 2006 (PTO/SB/17) (1 pg); and
4. (This) Certificate of Facsimile Transmission under 37 CFR 1.8 (1 pg.).

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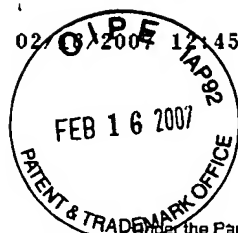
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/764,381	
	Filing Date	January 22, 2004	
	First Named Inventor	Hieu Van TRAN	
	Art Unit	2824	
	Examiner Name	Son T. DINH	
Total Number of Pages in This Submission	4	Attorney Docket Number	351913-992231 (2102397-992231)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached from deposit acct <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Part B- Fee Transmittal PTOL-85; 2. Fax Cover Certificate of Facsimile Transmission u 37 CFR. 1.8.
Remarks The Commissioner is authorized to charge any additional fees which may be required, including petition fees and extension of time fees, to Deposit Account No. 07-1896 (Docket No. 351913-992231).		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DLA PIPER US LLP		
Signature			
Printed name	Andrew B. Schwaab		
Date	February 16, 2007	Reg. No.	38,611

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Typed or printed name	Maria Paula Kovacs	Date	February 16, 2007

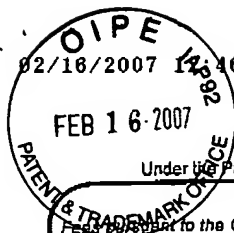
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAT0490474.1
351913-992231

PAGE 2/4 * RCVD AT 2/16/2007 3:47:41 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-1/13 * DNIS:2732885 * CSID:650 833 2001 * DURATION (mm-ss):02:14

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Fee is subject to the Consolidated Appropriations Act, 2005 (H.R. 4519).

FEE TRANSMITTAL
for FY 2006**Complete if Known**

Application Number	10/764,381
Filing Date	January 22, 2004
First Named Inventor	Hieu Van TRAN
Examiner Name	Son T. DINH
Art Unit	2824
Attorney Docket No.	351913-992232 (2102397-992231)

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,721.00)

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 07-1896 Deposit Account Name: DLA PIPER US LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims Fee (\$)	Fees Paid (\$)
- 20 or HP =	x	=			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): CFR (1501) 1.18(a) Issue Fee \$1,400; (1504) 1.18(d) Publication Fee \$300; & (8001)

1.19(a)(1) seven (7) soft parent copies Fee \$21.00

1,721.00

SUBMITTED BY

Signature		Registration No. 38,611	Telephone (650) 833-2104
Name (Print/Type)	Andrew B. Schwaab		Date February 16, 2007

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FEB 16 2007

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 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 21.00 DA

Certificate of Mailing or Transmittal
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

MARIA PAULA KOVACS

(Depositor's name)

Maria Paula Kovacs

(Signature)

February 16, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10764381	01/22/2004	Hieu Van Tran	2102397-992231	1706

TITLE OF INVENTION: WIDE DYNAMIC RANGE AND HIGH SPEED VOLTAGE MODE SENSING FOR A MULTILEVEL DIGITAL NON-VOLATILE MEMORY

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DINH, SON T	2824	365-207000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SILICON STORAGE TECHNOLOGY, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SUNNYVALE, CALIFORNIA U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies (7) seven

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

ANDREW B. SCHWAAB

Typed or printed name

Date

Feb. 16, 2007

Registration No.

38,611

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